

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590,560

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2				
4		1		1		
5		1				
6		1				
7		1				
8		1				
9		1				
10		1		1		
11		1				
12		1				
13		2				
14		1		1		
15		1				
16		2				
17		1				
18		1		1		
19		1				
20		1				
21		1				
22		1				
23		1				
24		2				
25		1				
26		1				
27		1				
28	1					
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50						
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	32	←	6	←		←
TOTAL CLAIMS	34		7			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						